

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number	7,338,758
	Issue Date	March 4, 2008
	First Named Inventor	Edwin CLARK
	Title	NOVEL COMPOSITIONS AND METHODS FOR THE IDENTIFICATION, ASSESSMENT, PREVENTION AND THERAPY OF HUMAN CANCERS
	Art Unit	1643
	Examiner Name	S.L. Rawlings
	Attorney Docket No.	117742-02702

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 86738

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Maria Laccotripe Zacharakis, Ph.D., J.D. McCARTER & ENGLISH, LLP
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Address 265 Franklin Street

City Boston	State MA	Zip 02110
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We are the:

☐ Applicant/Inventor.

☒ Co-Assignees of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date March 3, 2010
Name Karoline K.M. Shair	Telephone 617 444 3227
Title and Company Millennium Pharmaceuticals, Inc. Senior Patent Counsel	

Signature	Date
Name	Telephone
Title and Company Board of Regents, The University of Texas System	

Signature	Date
Name	Telephone
Title and Company Mayo Foundation for Medical Education and Research	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: _____ Signature: _____

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☐ Firm or Individual Name Maria Laccotripe Zacharakis, Ph D, J D
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name		Telephone	
Title and Company	Millenium Pharmaceuticals, Inc.		

Signature		Date	February 25, 2010
Name	Roy D. Bivens, Vice-Chancellor	Telephone	(512) 491-4462
Title and Company	Board of Regents, The University of Texas System and General Counsel		

Signature		Date	
Name		Telephone	
Title and Company	Mayo Foundation for Medical Education and Research		

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City Boston State MA Zip 02110
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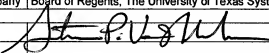
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Signature		Date	
Name		Telephone	
Title and Company	Millennium Pharmaceuticals, Inc.		

Signature		Date	
Name		Telephone	
Title and Company	Board of Regents, The University of Texas System		

Signature		Date	02-23-2010
Name		Telephone	
Title and Company	Mayo Foundation for Medical Education and Research		

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